

IDENTIFYING IMPACT OF GROSS MOTOR ACTIVITIES ON MENTALLY RETARDED CHILDREN

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ABSTRACT

About 15 percent of the world's population -- some 785 million people -- have a significant physical or mental disability, that include about 5 percent of children, according to a new report prepared jointly by the World Health Organization and the World Bank. The number of disabled persons in the whole world is 1,050,000,000, in India it is 2,68,10,557 and in Gujarat it is 1092302, which includes the 66393 persons who are mentally retarded.

This research paper aims at identifying the impact of Gross Motor Activities on mentally retarded children. 30 mentally retarded children were considered for the study from Navsarjan Mand Buddhi School, Valsad. Educational toys used for Gross Motor Activities were considered for training purpose. Training was given to 30 mentally retarded children for the duration of one year. Pre-training and post training data was collected for analysis and Annova one way was applied for statistical analysis. Results indicate that there were significant impacts of education by toys under gross motor activities on mentally retarded students of school.

KEYWORDS: Education by Toys & One Way Annova

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INTRODUCTION

The human being senses the world around with help of five senses i.e. Sight (ophthalmoception), hearing (audioception), taste (gustaoception), smell (olfacoception or olfaception), and touch (tactioception). Various organs of our body works on the basis of information given by the above mentioned senses. However, brain takes all the decisions to perform any work on the basis of stimuli provided by the sensory organs. Brains do possess various lobes to perform various kind of work. Our natural reflexes become slow or stop when there is an injury to our nervous system or defect by birth.

Mental disability cannot be cured, but one can help a mentally disabled child to learn to look after himself/herself. Early stimulation or training will help the child to learn new skills faster. If a child is mentally disabled, time, energy and money should be invested to train the child. Training the child is better than going from doctor to doctor, operations and costly tonics and pujas.

Mentally disabled children are different from other children. Even though, they grow older physically, they are still younger in their minds. Intensive training can help mentally retarded children to improve their ability to learn and look after themselves. Early training is very important, because once the problems of mentally retarded child have been identified, family members must start teaching the child all the activities he/she is not able to perform. The family members can really help the child to learn many things. Parents may need the help of trainer

to know how to train the mentally retarded child at home. The Trainer can advise the parents of the mentally retarded child about ways to take proper care of such special children.

A normal child in his zest and curiosity creates situations wherein he learns spontaneously, but this is not so in the case of mentally retarded children. Unless parents create an environment for him/her in which his/her development takes place gradually.

Moreover, due to the child's lack of spontaneity and response in the early years, the mother does not feel motivated. This is vicious circle and pattern of behavioral sets wherein the retarded children's world gradually becomes restricted, narrowed and finally limited. This adds to slow mental development. Invariably, it has been found in the early history of these children that the extent of the problem covers all the areas of their life-not only their habits, behaviors and experience, but also their lack of relationship with children of their age.

On this basis, we see how important is to train a retarded child right from his infancy, so that no time is lost in enabling him to become independent to a large extent. In fact training becomes synonymous with education in the case of a retarded child. It is the training which forms the basis of the education and not the learning of numbers and alphabets, which parents in their misconception and anxiety expect of the child, when he is admitted to a special school. As a matter of fact learning follows training.

Unfortunately, very few special schools in India admit retarded children of preschool age. By and large, they are admitted at six years as happens with normal children. However, it is the preschool period of retarded child i.e. the early years of this life which need the greatest attention. At this stage the parents need someone who can guide, support and demonstrate to them, how to train their child. Given a fair start during this part of his life, the retarded child acquires good habits and patterns of behavior which remain for the rest of life and which more than his retardation contribute to his acceptance by family and society. Very often, in the retarded child's behavior and attitude sets off a chain of reactions and creates a negative image of retardation in the lay minds. It is not child's retardation which creates problem.

REVIEW OF LITERATURE

Indrabhushan et al. (2009) conducted research on social development of children with mental retardation. In their research 35 mentally retarded children were administered with Vineland Social Maturity Scale and Stanford Binet Intelligence Scale. It was found that there was significant relationship between the measures of social maturity scale and the IQ of the subjects. Further it was found that with increasing severity of retardation, social development also decreases and age does not have any effect on social development.

Tavakolizadeh, J. et al. (2012), conducted research on the effects of rational emotional training for the mothers of special children. It was an empirical study with pretest and posttest of the control group, using a General Health Questionnaire (GHQ28). They identified that rational behavioral teaching have an important positive effect on interior conditions of the mothers with mentally retarded children. Thus this stress decreasing method, is a suggestion to mothers and for teaching rational Behavioral programs.

Seyedeh Zahra Alavi et al. (2013) conducted study and identified the effect of social skills training on aggression of mildly retarded children at Ahvaz city, Iran. They had a sample size of 40 boys who were mentally retarded students falling in the age group of between 8 to 10 years old. 50% of the students (20 out of 40) were considered in experimental group and 50% of the students (20 out of 40) were considered in control group by random sampling method. Arnold H.

Buss and Mark Perry aggression method was used on both experimental and control group, as pretest. Training imparted to the experimental group for ten two-hour sessions under social skills and performances of both groups were compared in the post test. It was identified that effects of social skills training decreases the aggression of mentally retarded children.

Elham Azarm Nejad et al. (2014) mentioned in their research that parents of mentally retarded children do not have the knowledge about how to deal with them regarding their healthcare, educational need, social needs etc. Several methods were applied to educate their family members. It was identified that anger management training had significantly proved to have positive relationship with the child's mother. Cognitive training helps in behavioral life skills and parental stress effectively and reduced the feelings of inability to play parental role. Another method used was Show Method of treatment group (GMT). It is used frequently as it can significantly reduce the stress level of mothers of mentally retarded children. It was concluded that the optimum level of communication between parents and the child have significant impact on family health.

RESEARCH DESIGN

Research Objectives

- To identify the impact of educational toys under Gross Motor Activities on the development of mentally retarded students.
- To enable mentally retarded students to cope up with their routine in better way.

Null Hypothesis

H0- There is no impact of educational toys under Gross Motor Activities on the development of mentally retarded students.

Statement of the Problem

About 15 percent of the world's populations -- some 785 million people -- have a significant physical or mental disability, including about 5 percent of children, according to a new report prepared jointly by the World Health Organization and the World Bank.

Number of disabled persons in the whole world are 1,050,000,000, in India it is 2,68,10,557 and in Gujarat the numbers are 1092302., which includes the mentally retarded 66393.

No one can imagine the pain of parents witnessing everyday challenges faced by "Divyang" (Disabled children). The discrimination faced by them which could not be felt even by their parents.

In recent times the society has become inclusive and helpful for the disabled who can communicate their hardship to other people, but unfortunately the mentally and communicatively challenged persons have not been successful enough to draw attention of the society. As a society we have just started thinking about their education, dignity and economic independence. We can make a lot of difference in life of such children, their parents and their teachers by introducing them to proper scientific education and training.

RESEARCH METHODOLOGY

- Type of Research –Experimental Research
- Universality of study – Mentally retarded children covering all age groups
- Sampling Unit and size - 30 M.R. students from Valsad District
- Sampling Method – Non-Probability sampling and Specifically Convenient sampling.
- There shall be training for 12 months in various activities

DATA COLLECTION TECHNIQUES

Source of Data- Primary data was collected using structured questionnaire three times in 12 months. Secondary data was collected through various journals, articles and newspapers for review of literature.

Data Analysis

The collected data was tabulated and processed through IBM SPSS 23 software. Analysis of variance and other tests were carried out using the assessment results of the training.

Null Hypothesis H0- There was no impact of training on the mentally retarded children.

DATA ANALYSIS AND INTERPRETATION

Table 1: Descriptives ANNOVA TABLE

Score of Nov. 18

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
93	1	107.00	.	.	.	.	107	107
111	1	159.00	.	.	.	.	159	159
115	1	157.00	.	.	.	.	157	157
131	1	189.00	.	.	.	.	189	189
139	2	180.00	32.527	23.000	-112.24	472.24	157	203
141	1	193.00	.	.	.	.	193	193
142	1	194.00	.	.	.	.	194	194
145	1	190.00	.	.	.	.	190	190
158	1	191.00	.	.	.	.	191	191
161	1	189.00	.	.	.	.	189	189
177	1	212.00	.	.	.	.	212	212
184	1	217.00	.	.	.	.	217	217
194	1	216.00	.	.	.	.	216	216
199	1	219.00	.	.	.	.	219	219
212	1	268.00	.	.	.	.	268	268
217	1	288.00	.	.	.	.	288	288
222	1	265.00	.	.	.	.	265	265
224	1	290.00	.	.	.	.	290	290
237	2	297.50	13.435	9.500	176.79	418.21	288	307
245	1	301.00	.	.	.	.	301	301
259	2	309.00	14.142	10.000	181.94	436.06	299	319
267	1	302.00	.	.	.	.	302	302
269	1	315.00	.	.	.	.	315	315
275	1	319.00	.	.	.	.	319	319
285	1	310.00	.	.	.	.	310	310

Table 1: Contd.,

294	1	309.00	.	.	.	.	309	309
297	1	314.00	.	.	.	.	314	314
317	1	365.00	.	.	.	.	365	365
Total	31	246.84	65.224	11.715	222.91	270.76	107	365

Table 2: Significance Level

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	126187.694	27	4673.618	9.747	.042
Within Groups	1438.500	3	479.500		
Total	127626.194	30			

RESULTS AND DISCUSSIONS

Table 2 indicates that critical P value 0.042 ($P < 0.05$), suggests that null hypothesis is rejected; as there is significant impact of gross motor activities on the activities performed by mentally retarded children. Overall performance of MR students have improved over the year, therefore it is suggested that training by toys under gross motor activities must be provided to MR students.

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